Chapter 538

School-Based Health Services

Appendix 538E

Service Record
Personal Care Medicaid Log

PERSONAL CARE MEDICAID LOG SHEET (PG. 1)

Total Number of Allowable Units (120 - 15 minute units per day)

Student's Name:	Board of Ed. Phone Number:
Medicaid Number:	County Board of Education:
Service Provider's Name:	Billing Code: T1019 SE

* Must be identified on the Service Plan
PERSONAL CARE TASKS FOR MONTH OF _____

CATEGORY/ACTIVITY	MONDAY DATE:		TUESDAY DATE:		WEDNESDAY DATE:		THURSDAY DATE:		FRIDAY DATE:		NUMBER OF 15 MINUTE UNITS
Self Help Skills	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	
A. Grooming											
B. Bathing											
C. Toileting											
D. Dressing											
E. Laundry (Aide Doing)											
F. Tooth Brushing											
G. Hand Washing											
NoN-Tech Physical Assistance	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	
A. Repositioning/Transfer											
B. Walking											
C. Medical Equipment (Adaptive)											
D. Assistance with Medication											
E. ROM (Per Phys. Order)											
F. Vitals (Per Phys. Order)											
G. Catheterization											
H. Other											
I. Communication											

PERSONAL CARE MEDICAID LOG SHEET (PG. 2)

PERSONAL CARE TASKS FOR MONTH OF _____

CATEGORY/ACTIVITY	MONDAY DATE:		TUESDAY DATE:		WEDNESDAY DATE:		THURSDAY DATE:		FRIDAY DATE:		NUMBER OF 15 MINUTE UNITS
Nutritional Support	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	
A. Meal Prep.											
B. Feeding											
C. Special Dietary Needs											
Environmental	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	
A. Housecleaning											
B. Laundry/Ironing (Teaching)											
C. Making/Changing Bed											
D. Dishwashing	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	TIMES	TALLY	
Behavior Modifications											
A. Supervision of Non-Educational Time											
B. Redirection											
C. Positive Behavior Supports											

Total Number of Units

PROVIDER SIGNATURE:_____DATE:_____